



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, ASB TOWER 970  
 P.O. BOX 616, HONOLULU, HAWAII 96809  
 TEL: 587-0460 FAX: 587-0470  
 email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSIONH0104  
DEAN**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Ho	HARRY	A.	(808) 951-1582
MAILING ADDRESS (Street)			FAX
P.O. BOX 37344			SAME AS ABOVE
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96837	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
OCEANIC INSTITUTE			(808) 259-3191
MAILING ADDRESS (Street)			FAX
41-202 KALANIANA'OLE HWY			(808) 259-5971
(City)	(State)	(Zip Code)	
Waimanalo	Hawaii	96795	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
THE OCEANIC INSTITUTE			(808) 259-3191
MAILING ADDRESS (Street)			FAX
41-202 KALANIANA'OLE HWY.			(808) 259-5971
(City)	(State)	(Zip Code)	
Waimanalo	Hawaii	96795	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
CYRUS SIV			(808) 259-3101
MAILING ADDRESS (Street)			FAX
41-202 KALANIANA'OLE HWY.			(808) 259-5971
(City)	(State)	(Zip Code)	
Waimanalo	Hawaii	96795	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input checked="" type="checkbox"/> Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

*[Signature]*

(Signature of Lobbyist)

*FEB. 4, 2003*

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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NAME OF ORGANIZATION (if applicable)	TELEPHONE
THE OCEANIC INSTITUTE	(808) 259-7951
MAILING ADDRESS (Street)	FAX
41-202 KALANIANA'OLE Hwy.	(808) 259-5971
(City)	(Zip Code)
WAIMANALO	96795

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

(Date)